

22855 U.S. PTO
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PTO/SB/05 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>	Attorney Docket No.	BP0306-US
	First Inventor	
	Title	Active Esters of N-Substituted Piperazine Acetic Acids, Including Isotopically Enriched Versions Thereof
	Express Mail Label No.	ET925898439US

APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)
<small>(Submit an original, and a duplicate for fee processing)</small></p> <p>2. <input type="checkbox"/> Applicant claims small entity status.
See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages <input]<br="" type="text" value="51"/><small>(preferred arrangement set forth below)</small></p> <ul style="list-style-type: none">- Descriptive title of the Invention- Cross References to Related Applications- Field of the Invention- Introduction- Brief Description of the Drawings- Definitions- Description of Various Embodiments of the Invention- Examples- References- Claims- Abstract of the Disclosure <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <input]<="" p="" type="text" value="11"/><p>5. Oath or Declaration [Total Pages <input]<="" p="" type="text" value="1"/><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d))
<small>(for continuation/divisional with Box 18 completed)</small></p><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S)
<small>Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</small></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76.</p></p></p> | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p> <p>8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy (CRF)</p> <p>b. Specification Sequence Listing on:</p> <p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p> <p>ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p> |
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ACCOMPANYING APPLICATION PARTS

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| 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) |
| 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney
<small>(when there is an assignee)</small> |
| 11. <input type="checkbox"/> English Translation Document (if applicable) |
| 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations |
| 13. <input type="checkbox"/> Preliminary Amendment |
| 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)
<small>(Should be specifically itemized)</small> |
| 15. <input type="checkbox"/> Certified copy of Priority Document(s) (if foreign priority is claimed) |
| 16. <input type="checkbox"/> Certified Nonpublication Request under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| 17. <input type="checkbox"/> Other: _____ |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____/_____ filed _____

Prior application information: Examiner: _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23544	or <input type="checkbox"/> Correspondence address below
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Name	Applied Biosystems				
Address	15 DeAngelo Drive				
City	Bedford	State	Massachusetts	Zip Code	01730
Country	US	Telephone	781-280-0804	Fax	781-280-2940

Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995
Signature	<i>Brian D. Gildea</i>	Date	1/5/04

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
BP0306-US Utility Patent App. Transmittal

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<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2004</h2> <p style="margin: 5px 0 0 40px;"><i>Patent fees are subject to annual revision.</i></p>		Complete if Known	
		Application Number	to be assigned
		Filing Date	January 5, 2004
		First Named Inventor	
		Examiner Name	to be assigned
		Group Art Unit	to be assigned
TOTAL AMOUNT OF PAYMENT		(\$)	1292
		Attorney Docket No.	BP0306-US

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																															
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:</p> <p>Deposit Account Number: 02-3240</p> <p>Deposit Account Name: Applied Biosystems</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order</p>	<p>3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Brian D. Gildea	Registration No. (Attorney/Agent)	39,995	Telephone	781-280-2824
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